

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N089001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 03/19/2015
NAME OF PROVIDER OR SUPPLIER BREWSTER HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 SW 29TH ST TOPEKA, KS 66611		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an Assisted Living/Residential Healthcare Licensure resurvey.	S 000		
S3225 SS=D	26-41-205 (I) Medication Regimen Review Frequency (I) Medication regimen review. A licensed pharmacist shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the facility and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: The facility identified a census of 25 residents. The sample included 3 residents. Based on observation, record review, and interview the facility failed to ensure the resident's medications were reviewed by a pharmacists at least quarterly and with significant change for 1 (#103) of the sampled residents. Findings included: - The Negotiated Service Agreement (NSA) with a reviewed date of 2/24/15 revealed staff provided arrangement for medical care and ordering of prescriptions. The medication regiment review revealed the	S3225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S3225	<p>Continued From page 1</p> <p>consultant pharmacist reviewed the resident's medication on the dates of 4/23/14 and 10/27/14. The pharmacist's notes for his/her 10/27/14 visit revealed the resident had been the facility's health center due to sepsis (Sepsis is a potentially life-threatening complication of an infection which occurs when chemicals released into the bloodstream to fight the infection trigger inflammatory responses throughout the body) and a urinary tract infection (UTI) during the time frame of July 2014 then had a gastrointestinal bleed (bleeding into the stomach and/or digestive tract).</p> <p>Observation on 3/19/15 at 3:30 P.M. revealed the resident sat in a recliner in his/her apartment watching television.</p> <p>Interview on 3/19/15 at 3:50 P.M. administrative staff A and administrative nursing staff D revealed they acknowledged the resident's monthly medication regimen review lacked evidence the resident was reviewed by the consultant pharmacist at least quarterly. Staff D reported he/she spoke with the pharmacy and they would send over documentation of the pharmacist's review between 4/23/14 and 10/27/14.</p> <p>Interview on 3/23/15 at 2:23 P.M. with consultant pharmacist JJ revealed if the facility had notified him/her this resident had sustained a significant change he/she would have come to the facility to review the resident. Consultant staff JJ reported typically each resident was reviewed at least quarterly and staff called to notify him/her if they concerns with the residents between visits.</p> <p>The facility failed to supply additional information regarding the above mentioned concern to demonstrate that the assisted living facility</p>	S3225		

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S3225	Continued From page 2 ensured a medication regimen review was completed quarterly and with significant change. The policy provided by the facility with an approved date of 10-18-2011 regarding medication regimen review revealed assisted living and home health drug regimens were reviewed quarterly. The facility failed to ensure a licensed pharmacist conducted a medication regimen review at least quarterly for this resident whose medication was managed by the facility and/or each time the resident experienced any significant change in condition.	S3225		
S3280 SS=D	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced	S3280		

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S3280	<p>Continued From page 3</p> <p>by: The facility identified a census of 25 residents. Based on observation, record review, and interview the facility failed to complete an annual emergency drill including evacuation of the residents to a secure location.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 3/19/15 at approximately 12:00 P.M. revealed the facility's disaster plan was posted by the elevators upstairs and downstairs on the wall. <p>Interview on 3/19/15 at 2:10 P.M. with safety and security staff X revealed the facility performed monthly fire drills and at least annual tornado drills but was unable to locate documentation of an annual evacuation drill.</p> <p>The policy provided by the facility with an approved date of 10-19-2011 regarding evacuation of elders to a temporary shelter failed to address the need for an annual evacuation drill to be completed.</p> <p>The policy provided by the facility with a revised date of 8/12/14 regarding emergency management staff training failed to address the need for an annual evacuation drill to be completed.</p> <p>The policy provided by the facility with a revised date of 8/12/14 fire safety - evacuation of residents failed to address the need for an annual evacuation drill to be completed.</p> <p>The policy provided by the facility with a revised date of 8/29/2011 regarding tornado watch or warning failed to address the need for an annual</p>	S3280		

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S3280	Continued From page 4 evacuation drill to be completed. The facility failed to complete an evacuation of the residents to a secure location at least annually.	S3280			